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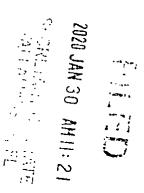
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COVER LETTER

Registration Section **)**: **Division of Corporations** GOD'S OWN PIZZA LLC JBJECT: Name of Limited Liability Company he enclosed Articles of Amendment and fee(s) are submitted for filing. lease return all correspondence concerning this matter to the following: SREELEKHA RAJAMMA Name of Person GOD'S OWN PIZZA LLC Firm/Company 3306 WEST MANATEE AVE Address BRADENTON, FL 34205 City State and Zip Code sjoichan@valuoo.com E-mail address: (to be used for future annual report notification) for further information concerning this matter, please call: 941 769 1349 SREELEKHA RAJAMMA Daytime Telephone Number Area Code Name of Person Enclosed is a check for the following amount: □ \$60.00 Filing Fee. □ \$55.00 Filing Fee & □ \$30.00 Filing Fee & ■ \$25.00 Filing Fee Certificate of Status & Certificate of Status Certified Copy Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

(additional copy is enclosed)

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GOD'S OWN PIZZA LLC

		now appears on our Company)		
ne Articles of Organization for this Limited Liabilit	y Company were I	iled on 08/12/2019		_ and assigned
orida document number [L19000205611	·			
nis amendment is submitted to amend the following	:			
If amending name, enter the new name of the l	imited liability co	mpany here:		
OT APPLICABLE				
e new name must be distinguishable and contain the words."	Limited Liability Corr	ipany," the designation	"LLC" or the abbre الله الله الله الله الله الله الله الل	viation "L.L.C."
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Name of New Registered Agent: No. 1	ddress here:	ddress on our re	cords. enter the	: name of the
gistered agent and/or the new registered office a	ddress here:	ddress on our re		e name of the
Name of New Registered Agent: No. 18 Agent 2015	ddress here:		address	e name of the
Name of New Registered Agent: No. 1	ddress here:	Enter Florida street	address , Florida	z name of the

amending Authorized Person(s) authorized to manage. <u>enter the title, name, and address of each person-being added</u> <u>removed from our records</u>:

GR = Manager MBR = Authorized Member

<u>tle</u>	<u>Name</u>	Address	Type of Action
			□Remove
			□Change
GR	SASIDHARAN JOSHI	21032 RIDDLE AVE	
	•	PORT CHARLOTTE, FL-33954	≣Remove ·
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ctive date, if other than the date of filing: cflective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 eg. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a ment's effective date on the Department of State's records. cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the filed.					7	- ::_		
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——Signature of a member or authorized representative of a member		·						
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